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Comments:

Amendment

In re: Bastiaan Driehuys et al.

Examiner: Michael G. Hartley

Serial No.: 09/804,369

Group Art Unit: 1616

Filed: March 12, 2001

For: DIAGNOSTIC PROCEDURES USING DIRECT INJECTION OF GASEOUS

HYPERPOLARIZED 129XE AND ASSOCIATED SYSTEMS AND PRODUCTS

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Attorney's Docket No. 5770.21

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Bastiaan Driehuys et al.

Examiner: Michael G. Hartley

Serial No.: 09/804,369

Group Art Unit: 1616

Filed: March 12, 2001

DIAGNOSTIC PROCEDURES USING DIRECT INJECTION OF GASEOUS HYPERPOLARIZED ¹²⁹XE AND ASSOCIATED SYSTEMS AND PRODUCTS

November 7, 2002

Commissioner for Patents Washington, DC 20231

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

	• • • • • • • • • • • • • • • • • • • •
	Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
	A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is
⊠ .	enclosed. No additional fee is required.
	Other:

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	37-	88	= 0	x 09=	\$	x 18=	\$.00
Indep	1-	14	= 0	x 42=	\$	x 84=	\$.00
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+140=	\$	+280=	\$
			Total Add. Fe	e \$	OR Total	\$.00	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

I In re: Bastiaan Driehuys et al. Serial No.: 09/804,369 Filed: March 12, 2001 Page 2 Please charge Deposit Account No. 50-0220 in the amount of \$ _ A check in the amount of \$_____ to cover the additional claim fee. X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220. Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims. \boxtimes Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

ulie/H. Richardson Registration No. 40,142

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I hereby certify that this correspondence is being sent by facsimile transmission to Commissioner for Patents,

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